2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 22, 2006 8:00 am Secretary of State 08-22-2006 90028 015 ***150 00 DOCUMENT # L28210 POMPANO DISCOUNT MEAT MARKET, INC. Principal Place of Business Mailing Address 2613 W. ATLANTIC BLVD, 2613 W. ATLANTIC BLVD. 50025886 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principat Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0184589 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - -7. Name and Address of New Registered Agent Name OYANEDER REINALDO MENDEZ, SIXTO Street Address (P.O. Box Number is Not Acceptable) 2613 W. ATLANTIC BLVD **5400 SW 163RD AVENUE** FT. LAUDERDALE, FL 33331 City POMPANO BEACH 8. The above named entity ept-for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation مر. د 7/17/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable: DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE XI Delete TITLE ☐ Change □ Addition MENDEZ, SIXTO NAME NAME STREET ADDRESS 5400 SW 163RD AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-ZIP vs TITLE ☐ Delete TITLE Change ■ Addition OYANEDER, REINALDO NAME NAME OYANEDER, REINALDO STREET ADDRESS 11140 NW 28TH STREET STREET ADDRESS 2613 W. ATLANTIC BLVD. POMPANO BEACH, FL-33069 CITY-ST-ZIP SUNRISE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on arralises othertike empowered. SIGNATURÉ 954-970-8116 Daytime Phone # $\frac{7/17/06}{100}$

TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

dees not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

Veport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director stee agreements to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

12. I hereby certify that the information supplied with this filing

indicated on this report or supple of the corporation or the receiver